

2014-1351

PRINTED: 01/10/2019  
FORM APPROVED

## State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  000102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/27/2014
NAME OF PROVIDER OR SUPPLIER  BHC FAIRFAX HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE  10200 NE 132ND ST KIRKLAND, WA 98034		
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L 000	INITIAL COMMENTS  State Licensing Survey  A state psychiatric hospital licensing survey was conducted at Fairfax Hospital on 8/25/2014-8/27/2014 by Lisa Mahoney, MPH, and Lisa Sassi, RN, MN.  ASE # R7N911	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. Each plan of correction statement must include the following: The regulation number and/or the tag number;</p> <p>HOW the deficiency will be corrected;</p> <p>WHO is responsible for making the correction.</p> <p>WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and</p> <p>WHEN the correction will be completed.</p> <p>3. Your PLAN OF CORRECTION must be returned within 10 business days from the date you receive the Statement of Deficiencies. Your Plan of Correction is due on 9/26/2014.</p> <p>4. Return the ORIGINAL reports with the required signatures.</p>	
L 460	322-040.8B ADMIN RULES-PRIVILEGES  WAC 246-322-040 Governing Body and Administration. The governing body shall: (8) Require and approve professional staff bylaws and rules concerning, at a minimum: (b) Delineation of privileges; This Washington Administrative Code is not met as evidenced by:	L 460		9/25/14

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/10/14

STATE FORM

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L 460	<p>Continued From page 1</p> <p>Based on document review, the facility failed to assure that all members of the medical staff had current privileges.</p> <p>Findings:</p> <p>1. The Hospital's Medical Staff Bylaws Section 7.4 titled "Temporary Privileges" states in part: "In all cases, Temporary Privileges shall be granted for a specific period of time, not to exceed one hundred twenty (120) days. Temporary privileges shall terminate automatically at the end of the specific period without the hearing and appeal rights set forth in these Bylaws."</p> <p>2. On 8/26/2014, Surveyor #1 reviewed 7 medical credentialing files for hospital medical staff members. One of seven charts indicated a current staff member had only temporary privileges granted in 2012. There was no documentation in the file to indicate a change from the temporary status or that privilege was granted according to procedures outlined in the Medical Staff Bylaws, but the practitioner was a current member of the medical staff.</p>	L 460		
L 690	322-100.1A INFECT CONTROL-P&P	L 690		10/31/14
	WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (a) Written policies and procedures describing: (i) Types of surveillance used to monitor rates of nosocomial infections; (ii) Systems to collect and analyze data; and (iii) Activities to prevent and control infections;			

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L 690	<p>Continued From page 2</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation, staff interview and review of onsite documents, the facility failed to ensure cleaning of equipment used for patient care.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a tour of the 1 North unit on 8/26/2014 at 11:30 AM, Surveyor #2 observed a medication nurse (Staff Member #1) check a blood sugar on Patient #3 who was an insulin dependent diabetic. Upon completion of the blood sugar check, s/he cleaned the glucometer with an alcohol wipe. On the same day at 11:45 AM another nurse (Staff Member #2) stated she also used alcohol wipes to clean glucometers before and after patient use.</li> <li>2. On 8/26/2014 at 11:30 AM, Surveyor #2 interviewed Staff Member #1 about the procedure for cleaning the glucometer. S/he stated the glucometers are cleaned between patient use and it was her/his practice to clean them before and after patient use with an alcohol wipe.</li> <li>3. In review of the facility policy titled, "Care and Management of Patient Care Equipment" (revised 4/2015) item 2.b. (related to glucometers) stated "Clean outside of meter with dampened cloth 10% bleach solution."</li> </ol> <p>Also in review of the manufacturer's instructions for the facility's glucometers it stated on page 23, ..."wipe the outside with a soft cloth dampened with water and mild detergent. Do Not use alcohol or another solvent to clean your meter."</p>	L 690		

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L 710	Continued From page 3	L 710		
L 710	322-100.1D INFECT CONTROL-PHYS ENVIRON  WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (e) A procedure to monitor the physical environment of the hospital for situations which may contribute to the spread of infectious diseases; This Washington Administrative Code is not met as evidenced by:  Based on observation, the facility failed to ensure that patient care items were ready for use and safe from contamination during storage.  Findings:  On 8/25/2014 at 1:00 PM, Surveyor #1 observed expired (2013) patient care items in sterile packaging, stored under a sink in examination room 316. The items were removed at the time of the survey, and the Facilities Director (Staff Member #7) permanently closed the under-sink cabinet.	L 710		8/27/14
L 715	322-100.1E INFECT CONTROL-PROVISIONS  WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (f) Provisions for: (i) Providing consultation regarding patient care practices, equipment and supplies which may	L 715		10/31/14

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L 715	<p>Continued From page 4</p> <p>influence the risk of infection;</p> <p>(ii) Providing consultation regarding appropriate procedures and products for cleaning, disinfecting and sterilizing; (iii) Providing infection control information for orientation and in-service education for staff providing direct patient care; (iv) Making recommendations, consistent with federal, state, and local laws and rules, for methods of safe and sanitary disposal of: (A) Sewage; (B) Solid and liquid wastes; and (C) Infectious wastes including safe management of sharps;</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure that staff used appropriate disinfectants on non-critical patient care items.</p> <p><b>Findings:</b></p> <p>On 8/26/2014 at 10:45 AM Surveyor #1 interviewed a Program Specialist (Staff Member #8) about the product used to clean blood pressure cuffs (a non-critical item, that contacts intact skin). Staff Member #8 reported that staff members use "Lysol Disinfectant Wipes" to clean the cuffs between patient use. This product is not among the list of EPA-registered anti-microbial products approved for use in health care settings.</p>	L 715		
L 750	<p>322-100.3A INFECT CONTROL-COMMITTEE</p> <p>WAC 246-322-100 Infection Control.</p> <p>The licensee shall: (3) Designate an</p>	L 750		9/25/14

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L 750	<p>Continued From page 5</p> <p>infection control committee, comprised of the individual or individuals assigned to manage the program and multi-disciplinary representatives from the professional staff, nursing staff and administrative staff, to:</p> <p>(a) Oversee the program;</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to designate an infection control committee comprised of multidisciplinary representatives from the professional staff, nursing staff and administrative staff, to oversee the program.</p> <p>Findings:</p> <p>On 8/26/2014 at 1:00 PM, Surveyor #1 conducted a review of the hospital's Infection Control Program. During review of the Infection Control Committee minutes, the sign-in sheet for each meeting contained only members of infection control staff and nursing staff. The hospital's infection control nurse (Staff Member #9) confirmed that the infection control committee members did not represent multiple disciplines within the facility.</p>	L 750		
L1065	<p>322-170.2E TREATMENT PLAN-COMPREHENS</p> <p>WAC 246-322-170 Patient Care Services. (2) The licensee shall provide medical supervision and treatment, transfer, and discharge planning for each patient admitted or retained, including but not limited to: (e) A comprehensive</p>	L1065		10/31/14

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L1065	<p>Continued From page 6</p> <p>treatment plan developed within seventy-two hours following admission: (i) Developed by a multi-disciplinary treatment team with input, when appropriate, by the patient, family, and other agencies; (ii) Reviewed and modified by a mental health professional as indicated by the patient's clinical condition; (iii) Interpreted to staff, patient, and, when possible and appropriate, to family; and (iv) Implemented by persons designated in the plan; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on record review, staff interview and review of training materials, the facility failed to demonstrate that the comprehensive treatment plan was developed and updated by the treatment team.</p> <p>Findings:</p> <p>1. During a review of the medical records, Surveyor #2 identified the following:</p> <p>a. Patient #1's record indicated that the patient was diabetic and had elevated blood sugars on 3/29/2014 to 3/30/2014 that ranged from 212 to 306. His/her admit blood sugar on 3/28/2014 was 308. The facility staff did not update the initial and follow-up Treatment Plans for the health problem.</p> <p>b. Patient #2 required restraints and seclusion during a period of his/her 27-day hospital stay. The patient's treatment plan was not updated accordingly.</p>	L1065		

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L1065	<p>Continued From page 7</p> <p>2. On 8/27/2014 at 11:30 AM, Surveyor #2 reviewed the findings with the Assistant Director of Nursing (Staff Member #3). The surveyor asked if there were documentation standards related to the Treatment Plan. S/he stated that there were not any.</p> <p>3. Subsequently, a document titled, DOCUMENTATION BASICS-A Training Manual for Universal Health Services Behavioral Health Facilities (2013) was located. The document did not contain specific information related to the treatment plan but the 6th bulleted area on page 1 stated that the record should "support the treatment, document the course and results, and promote continuity of care among staff."</p> <p>4. On 8/27/2014 at 12:45 PM during an interview with the Director of Partial Hospitalization Program (Staff Member #4), s/he stated that the facility's outpatient program staff members were revising the manner in which staff utilized the Treatment Plan during the course of care.</p>	L1065		
L1150	322-180.1D PHYSICIAN AUTHORIZATION  WAC 246-322-180 Patient Safety and Seclusion Care. (1) The licensee shall assure seclusion and restraint are used only to the extent and duration necessary to ensure the safety of patients, staff, and property, as follows: (d) Staff shall notify, and receive authorization by, a physician within one hour of initiating patient restraint or seclusion; This Washington Administrative Code is not met	L1150		9/23/14

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L1150	<p>Continued From page 8 as evidenced by:</p> <p>Based on policy and procedure and record review, the facility the facility failed to demonstrate that physician orders were obtained for patients that required behavioral restraints.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. In review of facility policy and procedure titled, Seclusion/Restraint/Physical Hold on page 2 under "PROCEDURE" item #4 stated, "...a written or telephonic order is obtained from the physician for S/R [Seclusion/Restraint] ... "</li> <li>2. During chart review, Surveyor #2 noted that Patient #2 was admitted to the facility on 4/4/2014 for psychosis and suicidal ideation requiring inpatient care for a 27-day stay. On 4/20/2014 staff members determined that the patient required physical restraint and seclusion. The record indicated that an initial order for seclusion was recorded at 10:51 AM. However, an order for restraints was not present in the record.</li> </ol> <p>The record of Patient #4 demonstrated a similar omission on 4/4/2014. The type of intervention (physical restraint, seclusion...) was left blank on the order form. However, the record indicated that the patient was placed in physical restraints.</p>	L1150		
L1410	322-210.3J PROCEDURES-OUTDATED MEDS  WAC 246-322-210 Pharmacy and Medication Services. The licensee shall: (3) Develop and implement procedures for prescribing, storing, and administering medications according to state and federal laws	L1410		10/23/14

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L1410	<p>Continued From page 9</p> <p>and rules, including: (j) Prohibiting the administration of outdated or deteriorated drugs, as indicated by label;</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation and staff interview, the facility failed to prohibit the administration of an outdated drug as indicated by label.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. On 8/25/2014 at 1:00 PM during a tour of the 2 West unit, Surveyor #2 observed an opened vial of insulin (Lantus 100 units per milliliter) located in the refrigerator and ready for patient care use. There was a yellow label on the vial but entries were left blank for "Date vial opened" and "Date vial expired." In a different area of the vial the following date was noted: "8-3-14."</li> <li>2. At that same time, Surveyor #2 interviewed a medication nurse (Staff Member #5) about the notations on the vial. S/he stated that s/he could not determine if the date on the vial referred to the date that it was opened or the date that it expired.</li> </ol>	L1410		